NOTE TO THE APPLICANT To install or repair boilers, furnaces, oil burners, gas burners, electrical heat, air conditioners, dust conveyor systems, vent systems, lifts, conveyors, refrigeration, kitchen equipment, standappes, sprinklers, piping, overs, generators, and other mechanical equipment. The building official may waive the requirement for plans when the work involved is of a minor nature K.3. Application in Quadruplicate required for each mechanical equipment installation and specifications and drawings for all mechanical equipment shall be on file before permit will be issued

## MECHANICAL PERMIT APPLICATION

CA BC-4

AUNICIPALITY	·	NUMERICAL CODE	PERMIT NO
PPLICATION DATE	CENSUS TRACT	FEE RECEIVED: \$	BY
1. STREET LOCATION		N	o. of Stories
2. PLAT/MAP 3: LOT/BLO	CK 4. FILE/PARCE	5. MATERIAL OF STRU	JCTURE IS
6. USE OF STRUCTURE: PREVIOUS		PROPOS	SED
7. OWNER	ADDR	ESS	TEL. NO
B. CONTRACTOR	ADDR	ESS	TEL. NO
9. ARCH. OR ENG.	ADDR	ESS	TEL. NO
O. STAMPED PRINTS, YES NO			
3. RATING OF BOILER OR FURNACE		D	rawings submitted Yes No
4. Check one: Construct install	Replace Reconstru	ct 15. Estimated Cost of Labor	and Material: \$
6. Floor location of equipmentCelle	ar1st_Flr2nd Flr	3rd FlrOther	
7. CAPACITY of STORAGE TANK	.£	EXISTING	NEW
8. DESCRIPTION OF WORK TO BE PERF	FORMED		
9. Estimated Cost of Labor and Materials	: \$ <u>`</u>		
MUNICIPAL MECHAN			= \$
CE & ADA FEE :	IMATED COST x .001		= \$
1 & 2 FAMILY DWELLINGS TO CE & ADA FEE OF \$50	LIMITED 1	TOTAL PERMIT FEE	= \$
		egoing application, that the application des and ordinances of the municipality.	
Investigation for Incidental Conference of the C	o Control   Bolle   1 200 C		IRE OF APPLICANT
Installation for, Incinerators w/ or w/o Air Pollutio Settling Chambers, Scrubber Afterburner,	6 Units or More.		, Dumbwaiters, Moving Stairs, and certain offi ng Devices.
This Application to Install or Renovate the abovalso be reviewed by:	This Application to Instals obe reviewed by:		oplication to Install or Renovate the above must reviewed by:
R.I. DEPT. OF HEALTH	R.I. DEPT. OF LABOR		PT. OF LABOR ON OF OCCUPATIONAL SAFETY, ELEVATOR UNIT

PERMIT	GRANTED:
DATE_	
BY	- (4
	MECHANICAL INSPECTOR